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ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*

Place of Birth Miami Ariz County Gila No. St.

(Registration District)

SEX OF CHILD female Twin Triplet or other? { and { Number in order of birth

DATE OF BIRTH August 24 1925 (Month) (Day) (Year)

FULL NAME Marista FATHER Chavez

FULL MAIDEN NAME Asuncion Udebe MOTHER

I HEREBY CERTIFY that the child described
herein has been named

Maria Louisa Chavez (Give name in full) (Surname)

Pedro Chavez (Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M 11-41 P.

439-824-145